

Policy for the Implementation and Monitoring of National Service Frameworks and High Level Enquiries

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1. INTRODUCTION

1.1 National Service Frameworks (NSFs)

National Service Frameworks (NSFs) provide a systematic approach to tackling the agenda of improving health care across some of the UK's highest priority conditions and key patient groups. They are long term strategies, which ensure progress within an agreed timescale and were introduced to address variations in standards of care and to achieve greater consistency in the availability and quality of services.

One of their main strengths is that their development is inclusive of multidisciplinary partnerships of health professionals; patients; carers; health service managers and voluntary agencies.

1.2 NSF's have two main roles:

- They set clear quality requirements for care based on the best available evidence of what treatments and services work most effectively for patients.
- They offer strategies and support to help organisations achieve these.

Each NSF sets a target for improving the standard of care and the associated healthcare outcomes related to that care. For example, the target for the Coronary Heart Disease NSF is to reduce death from heart disease and strokes by 40% by 2010.

1.3 At present, there are NSF's relating to cancer, paediatric intensive care, diabetes, coronary heart disease, mental health, renal services, long-term conditions, children and older people.

1.4 High Level Enquiries (HLEs)

High Level Enquiries (including any other nationally agreed guidance) are any published enquiry with recommendations for implementation nationally. For example:

- The Shipman Enquiry.
- The Climbié Enquiry.
- Healthcare Commission Investigation of C difficile at Maidstone & Tunbridge Wells NHS Trust.
- Healthcare Commission Investigation of HAI at Buckinghamshire NHS Trust.

2. SCOPE OF POLICY

2.1 This policy applies to all members of staff including locums, agency staff, staff on honorary contracts and volunteers (where appropriate), working within City Hospitals Sunderland NHS Foundation Trust (CHS).

2.2 The policy applies to all existing NSF's/HLEs (including any other nationally agreed guidance) and to all future work within these categories.

3. PURPOSE OF POLICY

The purpose of this policy is to ensure a co-ordinated and uniform approach to the implementation and monitoring of all NSFs and HLEs (including any other nationally agreed guidance) to meet the requirements of both the Organisation and relevant external bodies e.g. PCTs and Healthcare Commission.

4. ROLES, RESPONSIBILITIES AND DUTIES

4.1 Board of Directors

The Board of Directors are responsible for implementing a robust system of Corporate Governance within the Organisation. This includes supporting the implementation of this policy and its revisions. The Board of Directors will receive a report on a yearly basis on the compliance of this policy.

4.2 Chief Executive

The Chief Executive is ultimately responsible for ensuring effective Corporate Governance within the Organisation and therefore supports the Trust wide implementation of this policy.

4.3 Clinical Governance Steering Group (CGSG)

On the publication of a new NSF/HLE the CGSG will consider the scope of the publication and decide if the report has a single specialty focus or requires implementation across several specialties/directorates/agencies. They will then identify the most appropriate key lead/teams to oversee the implementation.

4.4 Directorate or speciality clinical governance groups

Directorate or Speciality clinical governance groups have responsibility for ensuring that relevant NSFs/HLEs are included and monitored effectively through their clinical governance development plans.

4.5 Divisional/Clinical Directors

All Divisional/Clinical Directors whose area has a relevant NSF/HLE must ensure compliance with this policy.

4.6 Key Leads/ Teams

All persons who have been given responsibility by the sponsor to ensure compliance with this policy, will be responsible for:

- Working with the Clinical Governance Department to develop a briefing of the likely impact of the publication and its relevance to CHS.
- Conducting an organisational gap analysis, which will include an assessment of current practice against the national milestones/recommendations.
- Develop an action plan to address any identified deficits, including actioning officers and target dates.
- Liaise with stakeholders e.g. PCTs, social services, volunteer groups or other relevant agencies.
- Provide reports as required to relevant sponsors and stakeholders.
- Produce exception reports where targets cannot be achieved and detailing non-compliance issues.
- Ensure that lessons learnt are acted upon throughout the organisation, by means of contemporaneous action plans and regular monitoring.

4.7 **All Staff**

All staff including locums, agency and staff on honorary contracts and volunteers (where appropriate), are responsible for ensuring that the principles outlined within this policy are appropriately applied.

It is recognised staff may need support (whether that be with literacy skills, understanding or emotional support) throughout their involvement. If any employee has special needs or is unable to understand or read the text, then this policy will be explained on a one-to-one/face-to-face basis by a qualified member of staff within the area. All support given will be in confidence.

5. **WHEN AN NSF/HLE IS PUBLISHED**

5.1 Publication of an NSF/HLE (including any other nationally agreed guidance) will normally come through the Chief Executive or Medical Directors Office. The Clinical Governance Department may also receive notice of an impending NSF/HLE via its network of contacts and information sources.

5.2 When an NSF/HLE is published a number of key steps will take place to support the implementation of the milestones/ recommendations within the reports. The key steps are outlined in the flow chart, "Process for implementation of NSFs/HLEs" (see Appendix 1).

- The published report will be an agenda item for the Clinical Governance Steering Group (CGSG) within 3 months of publication.
- The Medical Director (or nominated deputy) will present the main findings of the NSF/HLE report and set out the main implications for the Trust.
- The CGSG will agree the most appropriate internal clinical team/existing group or committee to take forward the milestones/recommendations of the report, i.e appointment of key lead/team.
- The achievement of some milestones/recommendations from the NSF/HLE reports may involve partnership working with primary care/other hospital trusts/social care colleagues. City Hospital representatives may therefore be part of external implementation teams, City-wide or Regional-wide groups.

6. **IMPLEMENTATION AND MONITORING**

6.1 Depending on the scope of the milestones/recommendations from NSF/HLE reports, the implementation will be dependent on either an internal (single speciality or multidisciplinary) or external group.

6.2 Each group will undertake a full baseline assessment or gap analysis in order to identify priority areas for implementation. This will normally take place within 3 months of publication, however the period may be longer and may depend on the scope of the NSF/HLE reports or the complex nature of the working groups, especially if involving partnership organisations.

6.3 An action plan will be produced that identifies action to be undertaken for each milestone/recommendation and sets out realistic timescales for achievement. Each milestone/recommendation should have a key person responsible for the actions required.

- 6.4 The CGSG will play a key role in the monitoring of NSFs/HLEs of those areas specific to City Hospitals.
- 6.5 The CGSG will receive a yearly update from the identified key lead/ teams including relevant action plans and exception reports to ensure planned goals are met.
- 6.6 In order to ensure that lessons learnt are acted upon throughout the Organisation, monitoring will occur through the clinical audit process and dissemination of findings through the CGSG and directorate/specialty clinical governance meetings and other relevant forums.
- 6.7 If the Trust decides not to implement a NSF/HLE milestone/ recommendation, the reasons for that decision should be documented. If the Trust believes that it has already implemented a recommendation, then evidence of compliance needs to be available to Clinical Governance or be archived in the Specialty 'Q' drive folder system.
- 6.8 The NSF/HLE report will remain an agenda item for the CGSG and updates for each Enquiry will be presented annually, or until such time the milestones/ recommendations are fully implemented.

7. MONITORING FOR COMPLIANCE AND EFFECTIVENESS

- 7.1 The effectiveness of the policy for the implementation of NSFs/HLEs will be reflected in the yearly updates of progress against identified action plans and targets. In addition, there will also be an audit/ review of the minimum requirements of the policy, which includes:
- Description of the duties.
 - Process for identifying relevant documents.
 - Process for disseminating relevant documents.
 - Process for conducting an organisational gap analysis.
 - Process for ensuring that lessons learnt are acted upon throughout the organisation.
- 7.2 The audit/review of the minimum requirements will be undertaken by the Clinical Governance Manager on an annual basis. Results of the audit/review will be reported to the CGSG.

8. PROCESS FOR REVIEW

- 8.1 This policy will be reviewed after 3 years following approval, or earlier if any significant changes are announced to the NSF/HLE process. The review and any revisions will be carried out by Clinical Governance.

9 SUPPORTING DOCUMENTS

Each published NSF document can be found at:

- <http://www.dh.gov.uk/en/Healthcare/NationalServiceFrameworks/index.htm>

Process for implementation of NSF/HLEs

